

State/Territory: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

24.e. Emergency hospital services.

- ☒ Provided:      No limitations   x   With limitations\*  
☐ Not provided.

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-B, and Appendices A-G to Supplement 2 to Attachment 3.1-B.

- ☐ Provided ☒ Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are: (A) authorized for the individual by a physician in accordance with a plan of treatment; (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and (C) furnished in a home.

- ☒ Provided:      State approved (not physician)  
Service Plan allowed
- x   Services outside the home also allowed  
  x   Limitations described on Attachment
- ☐ Not provided.

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 5 to Attachment 3.1-B.

- ☐ Provided ☒ Not provided

\* Description provided on attachment.

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**LIMITATIONS TO THE AMOUNT, DURATION, AND SCOPE OF COVERED SERVICES** (Referenced by the number of the service described in preceding pages)

1. Inpatient hospital services:

- Certification of admission is a condition of reimbursement. Inpatient stays not deemed medically necessary by the state agency or the designated medical review agent are not covered.
- Inpatient chemical dependency treatment will require at least 30 hours per week of therapy/counseling including group, collateral, and individual therapy/counseling.
- Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.
- Detoxification is covered only when inpatient hospitalization is medically necessary because of conditions in addition to or resulting from withdrawal, e.g., conditions resulting from injury or accident or medical complications during detoxification such as delirium which necessitate the constant availability of physicians and/or complex medical equipment found only in a hospital setting.
- Leave days, leaves of absence, and reserve beds are not covered.
- A private room must be certified by a licensed physician to be medically necessary, unless the hospitals private room rate does not exceed its semi-private room rate.
- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant woman, and in cases where the pregnancy is the result of rape and incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

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1. Inpatient hospital services. (continued)

- Second surgical opinion is a condition of reimbursement for tonsillectomy and/or adenoidectomy, hysterectomy, and cholecystectomy.
- Laboratory and x-ray services provided as a result of a recipient's scheduled visit that immediately precedes hospital admission as an inpatient are not covered as separate services.
- Providers who administer ~~the~~ pediatric vaccines ~~listed as noted~~ in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.a. Outpatient hospital services.

- All services must be provided by or under the on-site supervision of a physician or dentist.
- Outpatient day treatment or partial hospital programs for mental illness must be approved by the state agency as eligible for MA ~~reimbursement~~ payment. Prior authorization is required before initial treatment and every 30 days thereafter.
- Nutritional counseling exceeding three visits requires prior authorization.
- Outpatient chemical dependency programs are provided for under rehabilitation services. Limitations for outpatient chemical dependency programs are provided under Item 13.d. of this attachment.
- Blood and blood components are covered to the extent these are not available from other sources. Blood charges may not exceed the cost of the quantity actually administered and not replaced.
- Supplies and equipment ordinarily furnished by hospitals during the care and treatment of an illness or injury are not separately ~~reimbursable~~ payable.
- Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.
- Second surgical opinion is a condition of reimbursement for tonsillectomy and/or adenoidectomy, hysterectomy, and cholecystostomy.
- Abortion related services are covered when the abortion is medically necessary to prevent the death of a pregnant woman, and in cases where the pregnancy is the result of rape and incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

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2.a. Outpatient hospital services. (continued)

- Coverage of physical therapy, occupational therapy, audiology, and speech language pathology is limited to services within the limitations provided under items 11.a. to 11.c., physical therapy and related services.
- Providers who administer ~~the~~ pediatric vaccines ~~listed~~ as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.b. Rural and other ambulatory services that are covered under the plan and furnished by a rural health clinic.

- All health services provided by a rural health clinic are covered services within the limitations applicable to the same services as other medical assistance providers, if the rural health clinic's staffing requirements and written policies governing health services provided by personnel other than a physician are in compliance with 42 CFR §491.
- Providers who administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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2.c. Federally qualified health center (FOHC) services and other ambulatory services that are covered under the plan and furnished by a FOHC.

- All covered services are subject to the same limitations to amount, duration, and scope applicable to other providers of the same service.
- Providers who administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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3.     Other laboratory and x-ray services.

Coverage is limited to:

- (1)     **Laboratory services** provided by a Medicare certified laboratory. In addition, such services must be provided by laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988, Pub. L. 100-578).
- (2)     **X-ray services** provided by an x-ray vendor in compliance with 42 CFR ~~§§405.1411 to 405.1416~~  
§§486.100 to 486.110.
- (3)     **X-ray services** provided by or at the request of a chiropractor are covered only when necessary to support a diagnosis of subluxation of the spine.



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4.a. Nursing facility services for individuals age 21 or older  
(other than services in an institution for mental diseases):

- Residents must have their level of care certified by a physician, and must be determined by a local screening team to require the level of care provided in a nursing facility, prior to admission.
- Reserved-bed services are provided as indicated in Attachment 4.19-C.
- All medical equipment needed to provide routine services to residents must be supplied. Medical equipment which is not covered in the per diem rate, for which the need is identified and documented in the recipient's plan of care, and which is necessary for the continuous care and exclusive use of the recipient to meet an unusual medical need, can be separately reimbursed.
- Prior to admission to a nursing facility, all applicants must be screened and have a Level I identification screen to determine possible mental illness or mental retardation.
- If an individual with mental illness or mental retardation is admitted to a nursing facility without being screened and having a Level II evaluation and does not meet the exemptions for certain hospital discharges, the person must be screened before Medical Assistance will reimburse the facility.
- ~~Minnesota's level of care criteria for admission of any applicant to a nursing facility are modified as follows:~~

~~On or after July 1, 1998, an applicant who is classified as a high-function case-mix A is not eligible for an admission to a nursing facility. For the purposes of item 4.a., "high-function case-mix A" means a recipient who:~~

- ~~(a) is dependent in zero, one or two case-mix activities of daily living;~~
- ~~(b) is independent in orientation and self-preservation; and~~

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4.a. Nursing facility services for individuals age 21 or older  
(other than services in an institution for mental diseases):  
(continued)

~~(c) has service needs that can be met outside of  
the facility.~~

~~A person ineligible for admission to a nursing facility is entitled to an appeal under State law. Upon appeal, the applicant may be eligible for admission to a nursing facility if the Department determines that the applicant, because of the applicant's mental or physical condition, requires on a regular basis health related care and services (above the level of room and board), which could be provided in the community except for the existence of extraordinary circumstances. "Extraordinary circumstances," which would render nonadmission to a nursing facility a serious threat to the health and safety of an applicant, include, but are not limited to, the absence or inaccessibility of suitable alternatives, contravening family circumstances, and protective service issues.~~

- ~~An applicant who is ineligible for admission to a nursing facility may not receive personal care assistant and home health services as a component of nursing facility services.~~
- ~~Nursing facility local screening teams may make preliminary determinations concerning the existence of extraordinary circumstances. They may authorize an admission for a short-term stay at a nursing facility and must comply with 42 CFR §483.12.~~
- ~~Minnesota's level of care criteria for a resident in a nursing facility is modified as follows:~~

~~A resident who was in a nursing facility prior to July 1, 1998 and is assessed by the Minnesota Department of Health during its yearly case-mix review assessment as a high-function case-mix A may not remain in the nursing facility if all of the resident's service needs can be met outside of a nursing facility.~~